

Prime Recipient

Reporting Information

Award Type*	Award Number*	Final Report*
Grant	S387A090008	N

Award Recipient Information

Recipient DUNS Number*	Recipient Account Number	Recipient Congressional District*
878892124	S9-03-30-03	01

Award Information

Funding Agency Code*	Awarding Agency Code*	Award Date*
12H0	12H0	02/17/2009
Amount of Award*	CFDA Number*	
\$189,306.00	84.387	
Program Source (TAS)*	Sub Account Number for Program Source (TAS)	
91-0103		
Total Number of Sub Awards to Individuals*	Total Amount of Sub Awards to Individuals*	
0.00	\$0.00	
Total Number of Payments to Vendors less than \$25,000/award*	Total Amount of Payments to Vendors less than \$25,000/award*	
0.00	\$0.00	
Total Number of Sub Awards less than \$25,000/award*	Total Amount of Sub Awards less than \$25,000/award*	
14.00	\$157,075.00	

Award Description*

To provide tend to the needs for and to provide additonal services and transportation to Homeless children and families.

Number of characters entered: 123

Project Information

Project Name or Project/Program Title*	Project Status*	Total Federal Amount ARRA Funds Received/Invoiced*
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Education for Homeless Children		Less than 50% completed		\$31.86			
Number of Jobs*		Description of Jobs Created*					
0.00		Number of characters entered: 0					
Quarterly Activities/Project Description*							
Number of characters entered: 0							
Activity Code (NAICS or NTEE-NPC)*							
1			2				
Z99			4				
3			6				
5			8				
7			10				
9							
Total Federal Amount of ARRA Expenditure*		Total Federal ARRA Infrastructure Expenditure		Infrastructure Contact Name			
\$2,694.41		\$0.00		n/a			
Infrastructure Contact Email		Infrastructure Contact Phone		Infrastructure Contact Phone Ext			
n/a		n/a		n/a			
Infrastructure Contact Street Address 1		Infrastructure Contact Street Address 2		Infrastructure Contact Street Address 3			
n/a		n/a		n/a			
Infrastructure City		Infrastructure State		Infrastructure ZIP Code+4			
n/a		DE		199010000			
Infrastructure Purpose and Rationale							

No infrastructure is involved with this grant.

Number of characters entered: 46

Primary Place of Performance		
Street Address 1	Street Address 2	City*
401 Federal Street Suite 2	Townsend Building	Dover
State*	ZIP Code+4*	Congressional District*
DE	199010000	01
Country*		
US		

Recipient Highly Compensated Officers			
Prime Recipient Indication of Reporting Applicability*	#	Officer Name	Officer Compensation
NO	1		
	2		
	3		
	4		
	5		